

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H. SECRETARY

Vaccine Recommendation In Response of Hurricane Katrina

Frank J. Welch, Medical Director, Immunization Program

Updated 09/18/2005

- The following recommendations do not supercede the standard recommendations made for adults and particularly for children. Children should be vaccinated according to the recommended child immunization schedule as should adults.
- Hepatitis A is a rare disease in Louisiana
- Hepatitis A has not been transmitted by contaminated water in the US since 1980
- Hepatitis A outbreaks have not occurred after hurricanes
- Hepatitis A is only of concern in crowded conditions in shelters
- Influenza vaccine recommendations will expand once supply increases
- If immunization records are not available, Children aged 10 years and younger should be forward vaccinated. They should be treated as if they were up-to-date with recommended immunizations and given any doses that are recommended for their current age

Group	DTaP	Td	HAV	HBV	Flu	MMR
Returning residents	No	Yes	No	No	No	No
Rescue, recovery workers	No	Yes	No	No	No	No
Shelter adult occupants	No	Yes	Yes	No	Yes	No
Shelter children	Yes	Yes	Yes	No	Yes	Yes
Shelter workers	No	Yes	Yes	No	Yes	No
Health care providers	No	Yes	No	Yes	No	No

See below for additional explanations



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Please read carefully.

- -Overuse of vaccine is to be avoided to ensure a functional vaccine distribution system. We understand that vaccines are useful, but following recommended priorities is the best way to ensure that those at the highest risks of experiencing a vaccine preventable disease are protected.
- -Vaccines will be provided as they become available
- -If there is proof of previous vaccination or immunity, there is no need to revaccinate.

1-SHELTERS: Residents (adults and children), Volunteers, Shelter Workers

Special Needs Shelters—see Health Care Providers/Special Needs Shelters

Shelter residency creates conditions that put the residents at increased risk of infectious disease.

- Use good personal hygiene. Soap and water are effective at preventing the transmission of all sorts of infectious disease. Hand sanitizers are also very effective means of preventing disease transmission.
- Use Standard/Universal Precautions as posted
- Tetanus/diphtheria (Td) vaccination within the past 10 years
- Hepatitis A to prevent outbreaks within shelter
- Influenza vaccine when available
- Chickenpox vaccine
- Influenza Vaccine
- Measles, Mumps, Rubella (MMR) vaccine

If immunization records are not available, Children aged 10 years and younger should be forward vaccinated. They should be treated as if they were up-to-date with recommended immunizations and given any doses that are recommended for their current age

Health care workers who perform medical procedures in a general shelter should follow recommendations for health care providers /special needs shelters

2-HEALTH CARE PROVIDERS/Special Needs Shelters

Persons involved in patient care in any setting.

- Use good personal hygiene
- Use Standard/Universal Precautions as posted
- Follow the standard precautions for health care workers that include Td, Hepatitis B, MMR, Varicella.
- For accidental exposure to blood and body fluids (example: blood spilled on skin, needle stick) follow recommendations for post-exposure prophylaxis.

If the health care provider is not properly vaccinated, update for the missing vaccines



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3-WORKERS: Rescue and Recovery Workers/Enforcement Agents

General recommendations

- Use good personal hygiene
- Use standard/universal precautions
- Tetanus/diphtheria (Td) vaccination within the past 10 years
- . NO hepatitis A vaccine is recommended (see below for supplementary indications)

Supplementary recommendations

- If the worker is likely to be exposed to blood (as pulling out a person with bleeding wounds) Hepatitis B vaccine is recommended. Complete hepatitis series with personal health care provider in one month
- If the worker is going to be exposed to flood waters in a city where sewage overflowed (as in wading through the waters, not just working in an area that was flooded and is now dry), Hepatitis A vaccine is recommended. Note that this was the original recommendation but it was over expanded and over-interpreted to anyone entering formerly flooded areas.

4-RETURNEES TO FLOODED OR DAMAGED AREAS

Use good personal hygiene

If persons planning to enter flooded or damaged areas present to a parish health unit or similar facility and request immunization the following vaccinations may be offered:

Tetanus/diphtheria (Td) vaccination if not vaccinated within the past 10 years

This is a voluntary recommendation for returnees to be immunized. No one should be prevented to return to their homes or business if they choose not to have current tetanus/diphtheria vaccine.

5-Additional Information

- All wounds require immediate cleaning and bandaging. Medical evaluation is recommended. Tetanus/Diphtheria (Td) booster needed for dirty wounds if last dose was given more than 5 years ago.
- Exposure to animal bite or scratch requires evaluation for prophylaxis for rabies. Call 225-763-5752
- Remember to ask about serious allergic reactions to components of each vaccine.
- The risk of vaccination for pregnancy and lactation is vaccine specific. See vaccine insert.
- There has been a lot of concerns about hepatitis A vaccination. This is the statement for the CDC about hepatitis A (see CDC Website): "Low probability of exposure, even under these conditions, in the US. No transmission from contaminated water has been identified in the US since the 1980s. Hepatitis A outbreaks have not occurred following other hurricanes or floods in other parts of the country, including the devastating hurricanes in Florida, and the Midwestern floods of the late 1990s. The Gulf region has had few hepatitis A cases in recent years, with less than 10 in the past 3 months reported from the New Orleans area. Thus, even though the water and sewage systems are damaged or out of operation in many areas along the Gulf coast, the risk of a hepatitis A epidemic is extremely low. Vaccine will take at least one to two weeks to provide substantial immunity." These considerations do not apply to shelters which constitute a completely different set of circumstances. Hepatitis A transmission in shelters is a concern and recommendations to address this different risk situation are currently in preparation.



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• Immune serum globulin (ISG) will ONLY be recommended for post exposure prophylaxis of close contacts of confirmed cases of hepatitis A (defined as clinical hepatitis A with abnormal liver enzymes and positive IgM antibodies) in accordance with national recommendations.